ACORD CERTIFICATE OF LIAB				DATE (MM/DD/YYYY) 10/06/2006
RODUCER (724)349-1300 FAX (724)349-1446 eschini Agency Inc 1922 Philadelphia Street	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
P.O. Box 449 Indiana, PA 15701	INSURERS A	INSURERS AFFORDING COVERAGE INSURER A: Federal Insurance Company		
SURED West Ridge Resources, Inc.	INSURER A: Fe			
6750 N. Airport Road	INSURER B:			
Price, UT 84501	INSURER C:			
	INSURER D:			
OVERAGES	INSURER E:	INSURER E:		
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY P.	R DOCUMENT WITH F D HEREIN IS SUBJECT	RESPECT TO WHIC	H THIS CERTIFICATE MAY	BE ISSUED OR
R ADD'L TYPE OF INSURANCE POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s
GENERAL LIABILITY	06/01/2006	06/01/2007	EACH OCCURRENCE	\$ 1,000,00
X COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1,000,00
CLAIMS MADE X OCCUR			MED EXP (Any one person)	\$ 10,00
			PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,00 \$ 3,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG	\$ 2,000,00
X POLICY PRO-				2,000,00
AUTOMOBILE LIABILITY  ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS SCHEDULED AUTOS			BODILY INJURY (Per person)	\$
HIRED AUTOS NON-OWNED AUTOS			BODILY INJURY (Per accident)	\$
			PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY  ANY AUTO			AUTO ONLY - EA ACCIDENT  CTUER THAN EA ACC	\$
AMAGO			ALITO ONLY	\$
EXCESS/UMBRELLA LIABILITY			EACH OCCURRENCE	\$
OCCUR CLAIMS MADE			AGGREGATE	\$
				\$
DEDUCTIBLE				\$
RETENTION \$			WC STATU- OTH-	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TORY LIMITS   ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under SPECIAL PROVISIONS below			E.L. DISEASE - POLICY LIMIT	
OTHER				
SCRIPTION OF OPERATIONS / LOCATIONS / VENICLES / EXCLUSIONS ADDED BY ENDO ntennial Mine Act 007/041 - Cancellation Clause				
scribed policies be changed and/or cancelled bef ll mail (certified) 45 days written notice to th	fore the expira	ation date t	hereof, the issui	
ERTIFICATE HOLDER	ION			
State of Utah Dept of Natural Resources Division of Oil, Gas & Mining/STE1210 Attn: Pamela Grubaugh-Littig/Wayne Hedberg 1594 W. N. Temple, Box 145801 Salt Lake City, UT 84114-5801	EXPIRATION I	DATE THEREOF, THE SWRITEN NOTICE TO TO JAIL SUCH NOTICE PON THE NSUREN,		VOLTO FAIL  AMED TO THE LEFT  FOR VIABILITY  EVES.

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.